INSTRUCTIONS FOR COMPLETING WIKIWIKI VOTER REGISTRATION FORM

STEP 1: Complete the Affidavit on Application for Voter Registration

- 1. Print your **Social Security Number**.
- 2. Print your **Date of Birth**.
- 3. Print your "Home" and "Business" telephone numbers.
- 4. Print your Name Last, First and Middle Initial(s).
- 5. Print your **Residence Address** in Hawaii (house number and street name). You must be registered to vote in the county and precinct where you live.

Note: A Post Office Box, Star Route, Rural Route, General Delivery, Business Address or Mailing Service Address is not an acceptable residence address.

- 6. Print your **Mailing Address** in Hawaii.
- 7. **If your residence does not have a street address**, describe the location of your residence. Include details such as subdivision, village, tax map key no. and zip code.
- 8. Check the appropriate "Female" or "Male" Box.
- 9. If you are registered to vote in another state but now wish to register to vote in Hawaii, complete box #9. Your registration in that state will be cancelled. Note: You may register to vote in only one state.
- 10. Read carefully, mark the appropriate "Yes" or "No" box and sign on the line provided. Your application will not be accepted if you fail to mark the appropriate boxes or withhold your signature.
- 11. **If your signature is a mark**, a witness signature is required.

STEP 2: Mail the Affidavit on Application for Voter Registration no later than 30 days prior to the election to the appropriate City/County Clerk:

County of Hawaii

25 Aupuni St., Rm. 105 Hilo, HI 96720-4245 Ph. (808) 961-8277

County of Maui

200 S. High St., 7th Flr. Wailuku, HI 96793-2155 Ph. (808) 270-7749

City and County of Honolulu

530 S. King St., Rm. 100 Honolulu, HI 96813-3077 Ph. (808) 523-4293

County of Kauai

4396 Rice St., Suite 106 Lihue, HI 96766-1399 Ph. (808) 241-6350

AFFIDAVIT ON APPLICATION FOR VOTER REGISTRATION					
STATE OF HAWAII County of Hawaii County of Kauai County of Maui City and County of Honolulu	waii uai ui IMPORTANT: PRINT CLEARLY IN BLACK INK. FAILURE TO COMPLETE ALL ITEMS WILL PREVENT ACCEPTANCE OF THIS APPLICATION.			AFFIDAVIT NO. (FOR OFFICE USE ONLY)	
I HEREBY SWEAR (OR AFFIRM) THAT THE FOLLOWING INFORMATION IS TRUE AND CORRECT:					
1. SOCIAL SECURITY NUMBER*	2. DATE OF BIRTH / /	3. TELEPHONE Home:		Business:	
4. LAST NAME	Month Day Year	FIRST NAME	Dusiness.		Middle Initial(s)
RESIDENCE ADDRESS IN HAWAII (Must be completed. P.O. Box, R.R., S.R. are not acceptable)			CITY/TO	CITY/TOWN ZIP CODE	
6. MAILING ADDRESS IN HAWAII (Street address or P.O. Box)			CITY/TO	CITY/TOWN ZIP CODE	
7. If no street/residence address, describe location of residence (Leave blank if box #5 is completed)			CITY/TO	CITY/TOWN ZIP CODE	
Female Male and hereby aut	If "yes", please complete the following: I was last registered to vote at; in the county of (Last Registered Address) and hereby authorize cancellation of my previous voter registration. (County) (State) (Zip Code) (Authorize Code) (State) (State) (State) (State) (State) (State) (State)				
I hereby swear (or affirm) that:					
10. FOR FEDERAL, STATE, and COUNTY ELECTIONS: a. I am a citizen of the United States of America (Non-U.S. citizens including U.S. nationals do not qualify). Yes No					
 b. I am at least 16 years of age. I understand that I must be 18 years old by election day to vote. C. I am a resident of the State of Hawaii. The residence stated in this affidavit is not simply because of my presence in the State, but that the residence was acquired with the intent to make Hawaii my legal residence with all the accompanying obligations therein					
Signature					
11. Witness Signature (required only if applicant makes a mark only)				Date	
Address of Witness				Phone No. of Witness	
WARNING: ANY PERSON WHO KNOWINGLY FURNISHES FALSE INFORMATION MAY BE GUILTY OF A CLASS C FELONY, PUNISHABLE BY UP TO 5 YEARS IMPRISONMENT AND/OR \$10,000 FINE. * Notice: Section 11-15 of the Hawaii Revised Statutes requires that a person registering to vote provide, under oath, his or her social security number, if any. An application lacking this information will, therefore, be denied. Pursuant to Section 7 of the Federal Privacy Act (P.L. 93-579), be advised that this information may be released to government agencies for government purposes. For Office Use Only					
12. I.D. No.	13. Location Code		14. Represer	ntative District/Pro	ecinct
<u>E 0 9 6</u>					